I WANT TO, I JUST DON'T KNOW HOW:
A Practical Guide for Advancing Health Equity

Below is a Change Path based on Alliant HQIC's presentation on February 28, 2023. Use the steps below for performance improvement and action planning.

Why Now

CMS Reporting: CMS has added three measures to their IQR reporting that address Social Determinants of Health (SDOH). See measure name and reporting start dates.

Measure Name	Finalized Start of Data Collection
Hospital Commitment to Health Equity	Calendar Year (CY) 23 Reporting Period
Screening for Social Drivers of Health	Voluntary CY 23 Reporting: Mandatory CY 24 Reporting
Screen Positive Rate for Social Drivers of Health	Voluntary CY 23 Reporting: Mandatory CY 24 Reporting

*Screening for SDOH includes food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety

The Joint Commission: National Patient Safety Goal (NPSG) #16 in effect July 1, 2023, for ambulatory care, behavior healthcare, critical access hospitals and hospital accreditation programs.

NPSG.16.01.01 Improving health care equity for the hospital's patients is a quality and safety priority
Prepublication Requirements for hospitals include:
- Designates an individual(s) to lead activities
- Assesses the patient's health-related social needs (HRSNs) and provides information
- Identifies healthcare disparities in the patient population by stratifying quality and safety data
- Develops a written action plan that describes how it will improve health care equity
- Acts when it does not achieve or sustain the goal(s) in its action plan
- At least annually, the hospital informs key stakeholders about its progress

Common Barriers: Asked and Answered

1. DNV hospitals think health equity only applies to The Joint Commission accredited hospitals. *DNV hospitals adhere to the CMS regulatory guidelines; The Joint Commission accredited hospitals adhere to both CMS and NPSG 16.*

2. Is there a standard list of questions/assessment tool for capturing SDOH? *CMS screening for SDOH includes food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. Other screening tools below:*
   The Health-Related Social Needs (HRSN) Screening Tool *is a standard screening tool developed by the CMMI to determine if systematically screening for health-related social needs influences total healthcare costs and health outcomes.*

   PRAPARE Implementation and Action Toolkit *compiles resources, best practices, and lessons learned from health centers focused on how to implement a SDOH data collection initiative. The toolkit is accompanied by an* assessment tool.

3. Who should conduct the SDOH assessment and at what point during the patient cycle? *Admissions/ Registrar, nursing assessment (referrals to social work), physician offices*

4. Questions seem very personal and may require a certain skill set. Is there education/training for the staff conducting the SDOH assessment?

    - *AHA Disparities – How to Ask the Questions*
      https://ifdhe.aha.org/hretdisparities/how-to-ask-the-questions

    - *AHA Disparities Toolkit – Staff Training*
      https://ifdhe.aha.org/hretdisparities/staff-training

    - Achieving Health Equity Training Course (currently under revision)
      https://www.cms.gov/files/document/achieving-health-equity.pdf

5. How are social workers involved? *Social workers are key team members and often seen as a liaison between the hospital and community. Social workers can increase awareness of health disparities, be part of the health equity hospital team, and secure community partnerships.*

6. Does the health equity patient safety goal apply to critical access hospitals? *Yes, if TJC-accredited, National Patient Safety Goal #16 applies to critical access hospitals.*

Leading Interventions and Practices

Beginner	Intermediate	Expert
Identify a leader or champion and create a team	Assesses the patient's health-related social needs (HRSNs) HRSN Screening Tool PRAPARE Tool	Write health equity goals into critical documents such as mission statements and strategic plans. Ask CEO to sign #123 for Equity Pledge
Complete Health Equity Organizational Assessment (HEOA)	Locate and review your hospital's Community Health Needs Assessment (CHNA) CHNA St. Mary's Good Samaritan Hospital (GA), 2022-2025	Reporting mechanism (e.g., equity dashboard) or Diversity, Inclusion and Equity Report to communicate patient population outcomes widely within the organization and with community partners or stakeholders.
Staff training (AHA Disparities Toolkit) and/or patient education (Henry Ford Health System) regarding the collection of patient self-reported REAL data and SDOH	Implements interventions (e.g. process redesign) to address gaps in care and improve patient outcomes IHA/Trinity Health	Chief Diversity, Equity and Inclusion Officer WellStar Health System
Collection and Use of Race, Ethnicity and Language (REaL) Data	Use z-codes to enhance quality improvement initiatives ICD-10-CM Coding for SDOH Z-codes infographic	Investigate research grants and funding opportunities (e.g. Robert Wood Johnson Foundation)

Craft Your AIM Statement

By (date), the team at (hospital) will implement (intervention) to improve (the problem) by (how much) to benefit (for whom). Reach out to your HQIC performance improvement coach for assistance.

By June 2024, the health equity team will collect health-related social needs on at least 90% of patients to begin to analyze data and decrease health disparities in our patient population.

By December 2023, the Patient Registration team will provide data collection training using the Data Collection Training toolkit for 100% of staff to improve data collection and decrease the "unknown" category of Race, Ethnicity and Language (REaL) patient demographic data by 50%.

Resources

1. The Joint Commission R3 Report: New Requirements to Reduce Health Care Disparities

2. FY 2023 IPPS Final Rule – See below for details about Health Equity and SDOH
   - IX. Quality Data – starts p. 1101
   - E. Hospital IQR Program - Measure Set pp. 1177-1180
   - Table IX.E-01 Five Attestation Domains p. 1187

3. AHA Institute for Diversity and Health Equity https://ifdhe.aha.org/

4. Centers for Disease Control – SDOH, Know What Affects Health Social Determinants of Health | CDC

5. Rural Health Information Hub – Tools to Assess SDOH in the Rural Health setting. Types of Social Determinants of Health - RHIhub Toolkit (ruralhealthinfo.org)

6. Agency for Healthcare Research and Quality – Tools, resources, and information on SDOH Social Determinants of Health (SDOH) | Agency for Healthcare Research and Quality (ahrq.gov)

7. Health and Human Services Healthy People 2030 Social Determinants of Health - Healthy People 2030 | health.gov

8. Protocols for Responding to and Assessing Patient's Assets, Risks, and Experiences PRAPARE

9. Social Determinants of Health Data: Survey Results on the Collection, Integration, and Use (AHIMA, February 2023) https://ahima.org/media/03dbonub/ahima_sdoh-data-report.pdf